

Exhibitor Application Form

In accordance with the rules and regulations governing exhibits for the Indian Health Service Health Summit to be held in Washington, DC, September 22-24, 2004, the undersigned makes application for exhibit space and encloses the full fee for each space requested. Exhibit space is assigned on a first-come, first served basis. **Complete and fax form to Kauffman & Associates, Inc at 509.747.5030.**

Acceptance of the application constitutes a contract to use the space assigned by the Indian Health Service (IHS). The IHS retains the right to assign and/or change exhibit locations for unavoidable problems arising due to circumstances beyond the control of the parties involved. IHS reserves the right to refuse exhibit space to any applicants whose exhibit is deemed not to be within the best interest of the organization.

Exhibitor registration fee includes use of one exhibit sign, a six foot table and two folding chairs for three (3) days. Setup is from 9:00 a.m. – 4:30 p.m. on Wednesday, September 22, 2004; and 7:00 a.m. – 10:00 p.m. on Thursday, September 23, 2004. On Friday September 24, 2004 set-up is from 7:00 a.m. – 12:00 p.m. Exhibitor move-out time is between 2:00 p.m. – 4:00 p.m. on Friday, September 24, 2004. Exhibitor agrees not to deface or damage Renaissance Hotel property. **The Indian Health Service and Kauffman & Associates, Inc are not responsible for any damage or losses incurred by exhibitors, including but not limited to theft or accidents.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Primary Contact Person: _____

Type of Products for Exhibit:

☐ Education ☐ Arts & Craft ☐ Commercial ☐ Other _____

Please check Exhibit Category (fees for 3.0 days):

<input type="checkbox"/>	Indian Vendors (Arts & Crafts)	\$150.00
<input type="checkbox"/>	Non-Profit Organization	FREE
<input type="checkbox"/>	For-Profit Organization	\$600.00

Make checks payable and mail to:

Kauffman & Associates, Inc.
c/o: IHS SUMMIT Exhibit Fee
425 West 1st Avenue
Spokane, WA 99201

Credit Card: Please call Kauffman & Associates, Inc. at 509.747.4994 to pay by Credit Card.